

364106/0350
SBP:JFD

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: **George S. Gabriel et al.** Art Unit: **To Be Assigned**

Application No.: **TBA – CIP of 10/274,619** Examiner: **Be Assigned**

Filed: **Herewith**

**For: METHOD AND SYSTEM OF PROVIDING SEALED BAGS OF FLUID
AT THE CLEAN SIDE OF A LABORATORY FACILITY**

Date: **April 13, 2004**

PETITION TO MAKE SPECIAL UNDER 37 C.F.R. § 1.102

Commissioner for Patents
PO Box 1450
Alexandria, Virginia 22313-1450

Sir:

Applicants respectfully request that the above-identified application be made Special and advanced out of turn for Examination.

This Petition is submitted pursuant to 37 C.F.R. § 1.102 and M.P.E.P. § 708.02(IV) ("APPLICANT'S AGE").


Applicants submit herewith, in accordance with the provisions of M.P.E.P. § 708.02(IV), a copy of the birth certificate of inventor George S. Gabriel (Attached as Exhibit 1), thus providing evidence that applicant is 65 years of age or older.

While applicants do not deem that any fee is necessary in connection with this petition, the Commissioner is nevertheless authorized to charge any fee now or hereafter due to Deposit Account No. 19-4709.

Application No.: TBA – (CIP of Appln. No. 10/274,619)
Petition To Make Special
Dated: April 7, 2004

Applicants respectfully submit that this Petition should be granted. Prompt and favorable action is earnestly solicited.

Respectfully submitted,

A handwritten signature in black ink, appearing to read 'S. B. Pokotilow', written over a horizontal line.

Steven B. Pokotilow
Registration No. 24,377
Attorney for Applicants
STROOCK & STROOCK & LAVAN LLP
180 Maiden Lane
New York, New York 10038-4982
(212) 806-5400

NOV 13 1929

STATE OF LOUISIANA
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

1. Place of Birth
 Parish of Cassata Was White Silver used in Eyes? Yes
 Ward One Age of Year or Sex
 City of _____ Incorporated Town No. _____
 or _____ Ward No. 37-5355
 Village of _____
 Street & No. _____
 If birth occurred in a hospital or other institution give its name instead of street and number.

2. Full Name of Baby George Silas Gabriel
 If child is not yet named, report birth, and send name later to State Office.

Local Reg. File No. 75
 (1, 2, & 3, etc., in order of registration on birth)
 Registered No. 23688
 (To be added in State Office)

3. Sex of Male To be answered ONLY in case of plural births. 4. Twin, triplet or other _____ 5. Legitimate? Yes 6. Date of birth Sept 18 1929
 7. Month, day, year

8. Father's name Robert L Gabriel 9. Mother's name Bertie Ham
 10. Residence Post Office Address Stirlington Plc, Monroe 11. Residence Post Office Address Stirlington Plc, Monroe
 City & State City & State

12. Color of face White 13. Age at last birthday 4-5 (Years) 14. Color of face White 15. Age at last birthday 32 (Years)

16. Birthplace (city or place) Texas 17. Birthplace (city or place) Monroe La
 (State or country) (State or country)

18. Occupation Mechanic 19. Occupation Housewife
 Nature of industry Nature of industry

20. Number of children of this mother 2 (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living Yes (b) Born alive but now dead _____ (c) Stillborn _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
 I hereby certify that I attended the birth of this child, who was born alive at 6 A M. on the date above stated.
 (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature C. L. Mangis M.D.
 (Physician or Midwife)
 Address Stirlington La
 City, State, and Zip
 Given name added from a supplemental report _____
 (Month, day, year)
 Signature _____

CARDS RECEIVED FOR RETURN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

In case of more than one child of a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

V. S. No. 1

JUL 28 1988

I CERTIFY THAT THIS IS A TRUE AND CORRECT COPY OF A CERTIFICATE OR DOCUMENT REGISTERED WITH THE VITAL RECORDS REGISTRY OF THE STATE OF LOUISIANA, PURSUANT TO LSA - R.S. 40:32, ET SEQ.

Louis Trachtman, Jr.
STATE HEALTH OFFICERWilliam D. Boudier
STATE REGISTRAR